



ARIZONA STATE BOARD OF PHARMACY
4425 W. Olive Ave., Suite 140
Glendale, AZ 85302-3844
623-463-ASBP (2727) FAX: 623-934-0583
www.pharmacy.state.az.us

QUARTERLY REPORT OF INTERN TRAINING

Reports are delinquent if not received by ASBP within 30 days after the end of the quarter.
(This includes zero hour reports)

Please PRINT the following information:

Intern name & Lic. #: _____ Training Site: _____

Address: _____ Address: _____

*Preceptor name & Lic. # _____

INTERN TRAINING REPORT FOR QUARTER ENDING: _____			
Month	Week ending Day Year	Number of Hours Worked	DO NOT WRITE IN THIS SECTION
1			REPORT NO: _____ Total Hours reported: _____ Adjust for late hours @ _____% (_____) = Total hours credited: _____ Penalty Hours added (for missing reports) _____ Completed by ASBP: _____ Initial Date
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total Hours			

NOTE: MAXIMUM credit 500 HOURS PER QUARTER submitted no later than 30 days after quarter ends! 1st. Qtr.; Jan.-Mar., 2nd Qtr.; Apr.-June, 3rd. Qtr.; July-Sept., 4th Qtr.; Oct.-Dec.

***The following is to be completed by Pharmacy Intern Preceptor:**

I hereby attest that I am a pharmacist who has been actively engaged in the practice of pharmacy in Arizona for at least one year and that I have supervised the intern training of the Pharmacy Intern listed at the top of this document. Experiential training records may be examined upon request by the State Board of Pharmacy or their compliance officers.

Preceptor Signature _____ Date _____

Notice: Only original reports will be accepted.
Do not FAX reports to the Board.